

DIVISION OF LICENSING PROGRAMS
VIRGINIA DEPARTMENT OF SOCIAL SERVICES
INITIAL APPLICATION FOR A LICENSE TO OPERATE A CHILD DAY CENTER

This application shall be signed by the individual responsible for operation of the child day center or, if the center is to be operated by a board, by an officer of the board or person designated authority by the board. It shall be filed 60 days before opening date.

Application is hereby made for a license to operate a child day center pursuant to Chapters 1,17 and 18, Title 63.2 of the *Code of Virginia*.

Name of Center: _____

Type of Center (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Child Day Center for Preschool or Younger | <input type="checkbox"/> Therapeutic Child Day Program for:
<input type="checkbox"/> Preschool Age or Younger Children
<input type="checkbox"/> School Age Children |
| <input type="checkbox"/> Child Day Center for School Age Children | <input type="checkbox"/> Special Needs Child Day Program for:
<input type="checkbox"/> Preschool Age or Younger Children
<input type="checkbox"/> School Age Children |

Center Location: _____
Street or Route No. City County State Zip

Mailing Address: _____
Street or Route No. City County State Zip

In making this application, the applicant:

1. Is in receipt of and has read a copy of the standards and statutes applicable to the type of center to be operated.
2. Certifies that it is his intent to comply with the aforementioned standards and statutes and to remain in compliance with them if he is so licensed.
3. Grants permission to the Commissioner of the Department of Social Services, his designee or authorized representative to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility, review of records, and interviewing his agents, employees, and any child or other person within his custody or control. Financial records of an applicant shall not be subject to inspection if the applicant submits a current balance sheet and an income statement accompanied by a letter from a certified public accountant certifying the accuracy thereof, and three credit references. The applicant understands that, following licensure, authorized representatives of the department will make announced and unannounced inspections of the center to determine its compliance with standards and to investigate any complaints received.
4. Understands that he will be requested to supply reports from the local health department and appropriate fire prevention officials and he may be requested to supply a Certificate of Occupancy from the local building official.
5. Understands that an application for a license is subject to either issuance or denial. In the event of denial, it is understood that the applicant has appeal rights under the Administrative Process Act that are explained in the General Procedures regulation.

For Department Use Only

Date Rec: _____ Amt. Rec: \$ _____ Ck/MO#: _____
Rec.by: _____ Bal Due: \$ _____

6. Understands that a license is required for each center site and the application fee is calculated according to the capacity of the center. In case the Commissioner of the Department of Social Services, his designee or authorized representative fails to take final action upon an application for a license within 60 days after the application is made, it shall be lawful for the applicant to engage in the operations or activities for which the license is desired, until the Commissioner, his designee or authorized representative has taken final action and notified the applicant thereof; however, no application shall be deemed made until all the required information is submitted in the form prescribed by the Commissioner.
7. Is aware that it is a misdemeanor for any person to operate a child day center defined in § 63.2-100 of the *Code of Virginia*, which is not exempt according to § 63.2-1715 of the *Code of Virginia*, without a license; to interfere with any representative of the Commissioner of the Department of Social Services in the discharge of his duties; to make to the Commissioner or any representative of the Commissioner any report or statement with respect to the operation of the center that is known by such person to be false or untrue; or to operate a center serving more persons than the maximum stipulated in the license.
8. Is aware that the Commissioner of the Department of Social Services, his designee or authorized representative may issue a special order for violation of any of the provisions of licensure laws (subtitle IV of Title 63.2 of the *Code of Virginia*); any regulation adopted under these laws that adversely affects, or is an imminent and substantial threat to, the health, safety or welfare of the person cared for therein; or for permitting, aiding or abetting the commission of any illegal act in a center. Special orders may include placing a licensee on probation; reducing licensed capacity or prohibiting new admissions; requiring that probationary status announcements, provisional licenses, and denial or revocation notices be posted; mandating training for the licensee or licensee's employees; assessing civil penalties of not more than \$500 per inspection; requiring licensees to contact parents, guardians or other responsible persons in writing regarding health and safety violations; and preventing licensees from receiving public funds.
9. Understands that all applicants; and all agents at the time of application who are or will be involved in the day-to-day operations of the center or who will be alone with, in control of, or supervising one or more of the children, must submit background checks. The background checks are: sworn statement or affirmation, criminal history record check, and search of the central registry. The applicant shall submit the background check information to the Commissioner's representative prior to issuance of a license.
10. Has to the best of his knowledge and belief, given to the Department of Social Services and its authorized representatives on this form and during any pre-application conference information that is true and correct. The applicant agrees to supply true and correct information requested during all subsequent investigations.

(Date)

(Name of Applicant (Individual or Organization))

by: _____

(Signature)

(Applicant's Mailing Address
if different from the center)

(Name and Title)

(City, State, Zip Code)
()

032-05-512/13 (11/05)

(Business Telephone)

Directions: Please provide all requested information.

I. SPONSORSHIP AND GENERAL INFORMATION

A. Name of Center: _____

B. Center is to be operated by
_____Individual _____Corporation _____Public Agency
_____Partnership _____Association _____Limited Liability Company

C. Name of sponsor if not an individual proprietorship: _____

Address: _____

Telephone: (____) _____

The center is located in the County or City of: _____

Name and title of contact person (if applicable) _____

D. For centers sponsored by a corporation, partnership, unincorporated association, or limited liability company, list the names and addresses of individuals who hold primary financial control and officers of the sponsoring/governing body:

President or Chairperson: _____ Telephone Number: (____) _____

Address: _____
(City) (State) (Zip Code)

<u>Office</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. References

List the names and addresses of three persons who are not related to the applicant(s) and who can knowledgeably and objectively certify to the applicant's(s') character and reputation. For a center sponsored by a corporation, partnership, unincorporated association, or limited liability company, provide three references for each individual who holds primary financial control and each officer of the sponsoring/governing body.

Name of Individual Owner, Partner, or Officer _____

<u>References</u>	<u>Phone Numbers</u>	<u>Addresses</u>
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)

Name of Individual Owner, Partner, or Officer _____

<u>References</u>	<u>Phone Numbers</u>	<u>Addresses</u>
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)

Name of Individual Owner, Partner, or Officer _____

<u>References</u>	<u>Phone Numbers</u>	<u>Addresses</u>
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)

Name of Individual Owner, Partner, or Officer _____

<u>References</u>	<u>Phone Numbers</u>	<u>Addresses</u>
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)
_____	_____	(Street Address) (City) (State) (Zip)

II. CENTER INFORMATION

A. Name of Center	B. Phone Number of Center (Area Code) ()
C. Name of Administrator	D. Name of Center Director

E. Directions to the Center:

F. Asbestos

Section 63.2-1811 of the *Code of Virginia*, requires asbestos inspections in child day centers based on the date of construction of the building(s) housing your center. Written statements required by the minimum standards applicable to your center must be submitted to the appropriate licensing office before a license can be issued.

1. Was the building in which your center is located built before 1978?

☐ Yes. Proceed to question #2.

☐ No. Building built in or after 1978. Does not require a DSS asbestos inspection. Skip question 2.

2. Is the building in which your center is located a currently operating public school building or state owned building?

☐ Yes. Does not require a DSS asbestos inspection. No further action required.

☐ No. A DSS asbestos inspection and management plan, if applicable, is required and must be submitted to the appropriate licensing office before a license can be issued.

Please provide this information for each separate building of your center.

Note: The completed asbestos inspection report and management plan, if applicable, must also be submitted to the Department of Education if:

1. you operate, or plan to operate at this site, a nonprofit school that includes children who have reached their 5th birthday on or before September 30 of the current school year, and
2. this school is located in a building constructed prior to 1978.

The Department of Education can be contacted at (804) 225-2035.

G. Hours of Operation and Requested, Licensed Capacity

Child Day Center	Hours of Operation (days and times)	Months Operated During the Year	Requested License Capacity	Age Range
Preschool or Younger				
School Age				

- H. What is your total, requested licensed capacity (the number of children that can be present at any one time)? _____
- I. Does the program operate fewer than four months in a twelve month period? ____Yes ____No
- J. Proposed Enrollment by Age Groups and Type of Care Offered. Please indicate if multiple sessions during a one week time period are offered (i.e. morning session and afternoon session).

Infants and Toddlers (birth to 16 mo.)	Infants and Toddlers (16 mos. to 2 yrs.)	Preschool (2 yr. olds)	Preschool (3 to age of eligibility to attend school)	Young School Age (age of eligibility to attend school - 8 yrs.)	Older School Age (9 - 12 yrs).

- K. State the purpose and scope of your services (EXAMPLES: What will be the major goal of your center? What will be the emphasis and philosophy of your center to carry out this goal? What are the specific services to be provided as part of your center and how do these services vary according to the age group in care?):
-

Name of Center: _____

[illegible]

IV. BUDGET PLANS FOR OPERATION OF A CHILD DAY CENTER

A. Start Up Costs

Renovation of Property	\$	_____
Furniture		_____
Equipment		_____
Supplies (Initial Stock)		_____
Children's Supplies		_____
Cleaning and Maintenance		_____
Office		_____
Food		_____
Business and Legal Costs		_____
(EXAMPLES: Legal Fees, Business License,		
Fee for Use Permit or Occupancy Permit)		
Other Costs		_____
(EXAMPLES: Insurance, Utility Deposit,		
First Month's Rent or Mortgage Payment)		
Specify:		_____

Total Costs	\$	_____

Please indicate plan of financing these initial cash requirements:

BALANCE SHEET*(See Appendix A for instructions on completing this form.)*

DATE: _____

ASSETS**CURRENT ASSETS:**

Cash	\$ _____
Monetary Investments	_____
Negotiable Securities	_____
Accounts Receivable	_____
Notes Receivable	_____
Other (Specify)	_____

TOTAL CURRENT ASSETS	\$ _____

PLANT & EQUIPMENT:

Notes Receivable	\$ _____
Land	_____
Buildings	\$ _____
Less: Accumulated Depreciation	_____
Current Value	_____
Office Equipment	_____
Less: Accumulated Depreciation	_____
Current Value	_____
Furniture & Fixtures	_____
Less: Accumulated Depreciation	_____
Current Value	_____
Vehicles	_____
Less: Accumulated Depreciation	_____
Current Value	_____
Other (Specify)	_____

TOTAL PLANT & EQUIPMENT	_____

TOTAL ASSETS**\$ _____**

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BALANCE SHEET (cont.)**LIABILITIES****CURRENT LIABILITIES:**

Accounts Payable	\$ _____	
Notes Payable	_____	
Other (Specify)	_____	

TOTAL CURRENT LIABILITIES		\$ _____

LONG-TERM LIABILITIES:

Mortgage Payable	\$ _____	
Notes Payable	_____	
Other (Specify)	_____	

TOTAL LONG-TERM LIABILITIES		\$ _____

TOTAL LIABILITIES		\$ _____
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OWNER'S EQUITY

Owner's Capital	\$ _____	
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TOTAL LIABILITIES AND OWNERS EQUITY		\$ _____
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PROJECTED BUDGET FOR FIRST YEAR OF OPERATION

<u>INCOME</u>	<u>Monthly</u>	<u>Annual</u>
Estimated fee (_____ children @ _____/week)	_____	_____
Estimated fee (_____ children @ _____/week)	_____	_____
Estimated fee (_____ children @ _____/week)	_____	_____
Other Income:		
_____	_____	_____
_____	_____	_____
<u>TOTAL INCOME</u>		
Less Allowance for Vacancy and		
Collection Losses	_____	_____
Estimated Income	_____	_____
<u>EXPENSES</u>		
Fixed Expenses:		
Rent or Mortgage	_____	_____
Utilities (heat, electricity, water		
etc.)	_____	_____
Insurance (including Workmen's		
Compensation)	_____	_____
Taxes (Property, Business Property,		
Business Income, etc.)	_____	_____
Other Expenses: (including loan &		
debt payments)	_____	_____
_____	_____	_____
_____	_____	_____
<u>TOTAL FIXED EXPENSES</u>		
Variable Expenses:		
Salaries and Wages:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Employee Benefits (Health Insurance,		
Pension Plan, etc.)	_____	_____
Payroll Taxes:		
Social Security (FICA)	_____	_____
Unemployment Tax (FUTA)	_____	_____
Food:		
Staff	_____	_____
Children	_____	_____
Supplies and Equipment	_____	_____
Repairs and Maintenance	_____	_____
Office Expenses (Advertising, phone,		
postage, paper, etc.)	_____	_____
Professional Services (Bookkeeper,		
Lawyer, etc.)	_____	_____
Staff Development (Workshops,		
Publications, etc.)	_____	_____
Others	_____	_____
<u>TOTAL VARIABLE EXPENSES</u>		
<u>TOTAL EXPENSES</u>		
<u>NET INCOME</u>		

V. ATTACHMENTS

A. Required Attachments

1. Attach the appropriate fee for application processing. A paid application fee is required before the application is deemed complete.
2. Floor plans indicating exact dimensions of rooms to be used, including:
 - a) room length and width;
 - b) functions of each room;
 - c) toilet facilities, including number of basins and toilets; and
 - d) position of any fixed equipment and furniture.
3. A site plan or sketch showing the following:
 - a) outdoor play areas, including dimensions;
 - b) location of the building on the site;
 - c) adjacent streets and parking areas;
 - d) all fences, fixed equipment and secondary buildings or structures.

Note: Floor plans and sketch of available outdoor play areas are not required if plans have previously been submitted for functional design approval and no changes have been made to the plans.

4. a) For a center operated by a partnership: Attached Not Applicable

Articles of Partnership	<input type="checkbox"/>	<input type="checkbox"/>
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- b) For a center operated by an association:

1) Copy of Constitution, or	<input type="checkbox"/>	<input type="checkbox"/>
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2) Copy of By-Laws	<input type="checkbox"/>	<input type="checkbox"/>
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- c) For a center operated by a corporation or limited liability company:

Copy of Charter or certificate of authority to transact business in the Commonwealth	<input type="checkbox"/>	<input type="checkbox"/>
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5. A written statement regarding the sponsorship and organization of the center, with information showing who is responsible for policy making, operation and management decisions.
6. Samples of all forms developed, such as application form, agreement form, etc., if different from the model forms provided by the Department of Social Services.
7. Sample menu for one month if food is provided by the center.
8. A list of indoor and outdoor play equipment available to children.
9. A copy the daily activity schedule(s) for the center.
10. A copy of all brochures and policies required by the standards applicable to your center.

B. Additional Attachments

Attachments requested in this section may be provided with this application or at a later date in the review period prior to licensure. Submission of these items is required for the application to be considered complete. Review of these documents is required before a license can be issued and early submission may shorten the amount of time needed for the inspection.

1. Evidence of required insurance coverage.
2. Documentation that the building meets applicable building codes.
3. Required asbestos statements (if building built before 1978).
4. Background check information as required by §§ 63.2-1719 through 63.2-1723 of the *Code of Virginia*.

APPENDIX A

BALANCE SHEET

The purpose of the Balance Sheet is to show the financial condition of a business at a particular date. A Balance Sheet consists of a listing of the assets and liabilities of a business and the owner's equity. Assets are further classified as current assets and plant and equipment. Liabilities are further classified as current and long term liabilities. This form is of primary importance in providing selected information which is necessary to aid in determining financial responsibility as required by the Code of Virginia. The financial information is related only to the applicant.

I N S T R U C T I O N S

ASSETS

CURRENT ASSETS: These are assets which can be converted to cash quickly and are therefore reserved as ready sources of cash to meet immediate requirements in operating the facility.

Cash: Enter the total of all forms of cash you have available which will be used to support operation of the facility. Items to be used to compute this value include currency, cash in checking accounts and cash in pass book savings accounts. The amount shown must be available now and available to support operation of the facility.

Monetary Investments: Monetary investments include primarily three items: Certificates of Deposit, Savings Bonds and Treasury Bills or Bonds owned. They must be currently owned by the applicant and identified for immediate use in operating the facility.

Negotiable Securities: These include stocks, corporate bonds, etc., which are owned by the applicant and are identified for use, if necessary, in operating the facility.

Accounts Receivable: Any monies owed to the applicant which are due within one year and would be used as they materialize, if necessary, in support of facility operations.

Notes Receivable: Any promissory notes held by the applicant which fall due within one year of the date of application and whose proceeds would be used as necessary to operate the facility.

Other: Any other assets which could be converted into cash within the operating year and used for operation of the facility.

PLANT & EQUIPMENT: These are long-lived or long term assets acquired for use in operating the business. Unlike current assets, these type assets are not viewed as being readily and quickly convertible to cash.

Notes Receivable: Any promissory notes held by the applicant which fall due more than one year from the date of the Balance Sheet and whose proceeds, when received, would be used as required for operation of the facility.

Land: The value of all land owned by the facility to include the value of the land on which the buildings which comprise the facility are located. The value of the land entered here should be the price at which the land was purchased rather than current appraised value.

Buildings: The total value of the buildings which comprise the facility. The value listed should be the price at which the buildings were purchased rather than the current appraised value.

Accumulated Depreciation Buildings: The total value of all depreciation claimed on all buildings as of the date of the Balance Sheet.

Current Value: The difference between the total value of the buildings and the accumulated depreciation buildings.

Office Equipment: The total value of all office equipment owned and used in the operation of the facility. The value listed should be the purchase cost of the machinery.

Accumulated Depreciation Office Equipment: The total value of all depreciation claimed on all office equipment as of the date of this Balance Sheet.

Current Value: The difference between the total value of office equipment and the accumulated depreciation office equipment.

Furniture & Fixtures: The total value of all furniture and fixtures owned and used in the operation of the facility. The value listed should be the purchase cost of the furniture and fixtures.

Accumulated Depreciation Furniture and Fixtures: The total value of all depreciation claimed on all furniture and fixtures as of the date of this Balance Sheet.

Current Value: The difference between the total value of all furniture and fixtures and the accumulated depreciation furniture and fixtures.

Vehicles: The total value of all vehicles owned and used in the operation of the facility. The value listed should be the purchase cost of the vehicles.

Accumulated Depreciation Vehicles: The total value of all depreciation claimed on all vehicles as of the date of this Balance Sheet.

Current Value: The difference between the total value of all vehicles and the accumulated depreciation vehicles.

Other Assets: Any other long term or plant and equipment assets owned by and used in support of the facility. Each item must be listed separately. Items of capital equipment which are listed here must also be accompanied by a value of accumulated depreciation and a current value.

LIABILITIES

CURRENT LIABILITIES: These are existing liabilities which must be paid within the next 12 months.

Accounts Payable: The amount entered here should include the sum of the total unpaid salaries and payments of all unpaid bills and financial obligations which fall due within the next 12 months with the exception of mortgage payments and installment loans. Examples include utility bills, unpaid wages to current employees, if any, charge accounts and credit cards such as VISA, Master Charge, American Express, etc.

Notes Payable: This amount should include all payments which must be made within the next 12 months on existing contracts, mortgages and installment loans.

Other: This amount includes any other existing obligation which is due during the next 12 months. It would include payments of obligations which are in arrears such as income taxes, property taxes, insurance, interest payable, etc. Each item must be itemized separately under the heading "Other."

LONG TERM LIABILITIES: These are liabilities which are considered long term in nature in that they fall due more than one year from the date of the Balance Sheet.

Mortgage Payable: This is the total value necessary to liquidate any mortgage on the facility, less the amount reflected as part of notes payable under current liabilities.

Notes Payable: This is the total value necessary to liquidate all outstanding contracts, installment loans or promissory notes, less the amount due within the next twelve months and reflected as part of the notes payable value listed as a current liability.

Other: Any other long term liabilities which are owed and were incurred to support facility operations. Each item must be listed separately.

OWNER'S EQUITY

OWNER'S CAPITAL: The value entered here reflects the total of investments made by the owner(s) in the facility. If all entries have been properly made regarding assets and liabilities, and accounting records are properly maintained, this value should equal the difference between Total Assets and Total Liabilities.